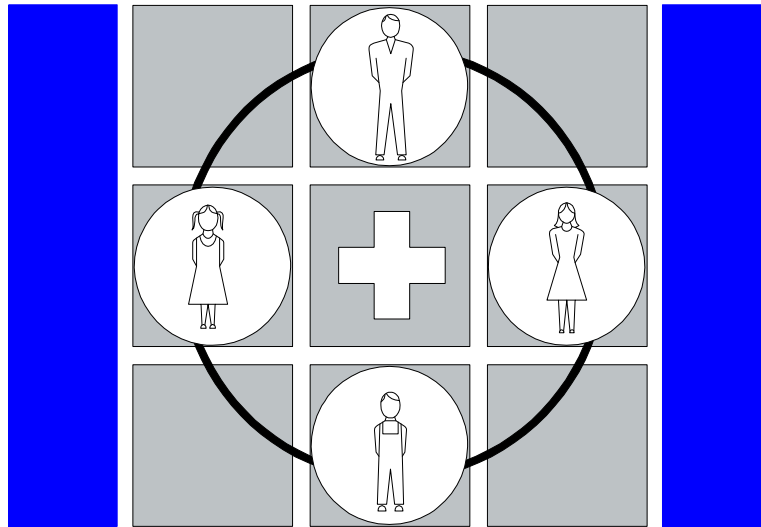
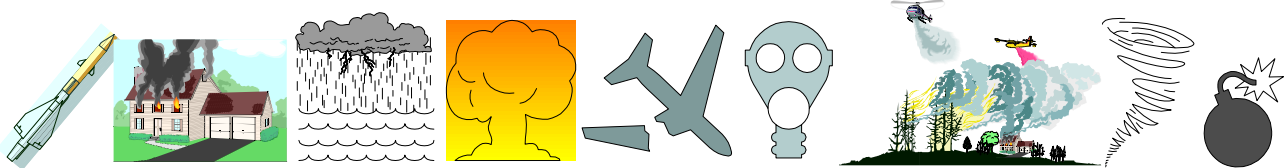


# FAMILY EMERGENCY PLAN

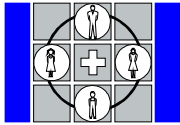


Fayette County Fire & Emergency Services



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Developed & Prepared By  
Edward Stone & Russell Baker  
Atlanta Fulton County Emergency Management Agency  
for exclusive use by



# Local Information

## Community of

### Emergency

**POLICE-FIRE-MEDICAL**

**Dial:**

**911**

### Utilities

**Gas Emergency:**

**Electric Emergency:**

**Water Emergency:**

**Telephone Service:**

### Municipal Services

**Animal Control:**

**Town/City Hall:**

**Police – Non-Emergency:**

**Fire – Non-Emergency:**

### Medical Services

**Hospital:**

**Poison Control:**

**24-Hour Pet Hospital:**

## **Risk Analysis:**

Every family in the United States is at risk for being involved in a local, regional or national emergency. Think about where you live, and think about potential risks in your area. Contact your local emergency management officials (look under county government phone listings) for help in determining what risks you should plan to encounter. The most likely events are usually fires, floods, earthquakes, severe weather and transportation accidents. Each of these events can impact you, your family and your home.

## **Level of Operation:**

This program looks at emergencies and disasters and categorizes them according to their impact on the population. Each type of emergency is listed below:

### **Local Emergency**

A local emergency is one that affects you and your family or your house, and possibly a small portion of your neighborhood, but does not affect the whole neighborhood or community. You can expect to receive help from the authorities (police, fire, ambulance) by calling 911 or your local emergency number.

### **Regional Emergency**

A regional emergency is one that affects more than just you or your immediate neighborhood. You can expect help from the authorities, but their help may be delayed. Under this level of emergency you should plan to be self-sufficient for one to two days.

### **National Emergency**

A national emergency is one that involves a large area and taxes the resources of local and state authorities and may impact (directly or indirectly) the nation as a whole. National emergencies can affect you even if your neighborhood is not directly impacted by the cause of the emergency or disaster. Under this level of emergency you should plan to be self-sufficient for a minimum of three days.

Notes:

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## Basic Checklist

For each type of emergency or disaster you should be prepared to secure your home, evacuate your home (or neighborhood), and find different ways to contact your family. This part of the Family Emergency Plan gives you a basic checklist of things you should plan to do if an emergency happens.

This workshop is designed to help you plan for the following:

Plan Item	Section(s)	Page #
How to communicate with your family members to establish an action plan	1	5
Where to go and stay if you can't get to or if you can't stay at your own home.	2 - 4	6
Where you will get special needs such as special diet foods or medications	5	7
What things must you take with you if you have to evacuate (medications etc.)	6	8
Where you will get cash to pay for your needs	7	8
What about Kids @ School	8	9
Where you will keep pets. Where can you get help for pets	9	10
Family Information Exchange - Template	10	11
Emergency Supply Checklist	11	11

In case of a regional or national emergency, you may not get the help you need for a number of days. In addition to the list above you should also plan for:

☐ Where you and each of your family members can get individual help if you can't reach each other

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

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## The Basics...

Call your immediate family members to decide where to stay or meet if you can't get home.

If you can't get through on the phone try one of the following:

- ☐ Plan to call your family members at a pre-scheduled time so you can avoid busy lines.
- ☐ Plan alternative means to regular telephones (cell phones, pagers, etc)
- ☐ A phone and pager list of your friends and relatives carried with you
- ☐ Use an out-of-area friend or relative as a contact point, because sometimes long-distance lines are easier to get than local ones.
- ☐ Use a calling card (with an 800 number) to avoid local busy lines
- ☐ Use e-mail or voice mail to leave messages

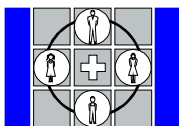
Family members should exchange basic information and store basic information in a secure place. This information should include:

- ☐ Names and ID numbers for each family member (include current family pictures)
- ☐ Descriptions and license plate numbers of vehicles
- ☐ Medical information (doctors, dentists, drug needs etc)
- ☐ Schedules and addresses for kids at school, parents or spouses at work, or family members that travel, all flight and hotel information.
- ☐ Health, auto and property insurance information (policy numbers and agent phone numbers)
- ☐ Copies of legal (ID) documents and asset information (real estate banks etc)
- ☐ Copies of fingerprints and pictures of jewelry (for ID purposes)
- ☐ Lists of property (if you have to file damage claims)
- ☐ Names and phone numbers of out-of-town relatives who can act as a contact point

Additional training programs are available to help you collect and secure all emergency data. If you have family members who are unable to evacuate or care for themselves in an emergency, please contact your local emergency management authorities now to get help in planning for their needs.

Notes:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.



# FAMILY EMERGENCY PLAN

## Section 1: Communications Plan:

In the event of an emergency, you may not be able to communicate to your family members. Complete the section below and be sure all family members have the information available when needed. Label each applicable plan in the appropriate order (A, B, C, etc.) and cross out any communication method that you do not have.

Plan A: First method of communication: Call family members at home or work. If this fails, go to Plan B.

Plan B: Second method of communication: \_\_\_\_\_ If this fails, go to Plan C.

Plan C: Third method of communication: \_\_\_\_\_ If this fails, go to plan D.

Plan D: Fourth method of communication: \_\_\_\_\_ If this fails, go to plan E.

Plan E: Fifth method of communication: \_\_\_\_\_ If this fails, go to plan F.

Plan F: Go Home or Designated Meeting Places

Suggested Methods: Telephone, Answering Machine, Cell Phone, Cell-Text Messaging, Pager/Text Pager, E-mail, Calling Card, Third Party Contacts, or Posting Paper Messages.

Telephone Call-Out Instructions: \_\_\_\_\_ calls \_\_\_\_\_ @ 00, 10 past 20 past, 30 past 40 past etc.

\_\_\_\_\_ calls \_\_\_\_\_ @ 00, 15 past 25 past, 35 past 45 past etc.

### Contact Numbers:

Family Member \_\_\_\_\_ Alt Home # \_\_\_\_\_ Other # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text Address \_\_\_\_\_

Family Member \_\_\_\_\_ Alt Home # \_\_\_\_\_ Other # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text Address \_\_\_\_\_

Family Member \_\_\_\_\_ Alt Home # \_\_\_\_\_ Other # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text Address \_\_\_\_\_

Family Member \_\_\_\_\_ Alt Home # \_\_\_\_\_ Other # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Text Address \_\_\_\_\_

If you have an answering machine with remote access complete this section:

When no one is home, each family member can leave a message with his or her whereabouts and destination. Each family member can retrieve these messages.

Remote Access Instructions: \_\_\_\_\_

Pager Instructions: \_\_\_\_\_

Calling Card Instructions: \_\_\_\_\_

Alternate meeting sites and corresponding phone numbers are detailed in section 2.

## Section 2: Meeting Places:

In the event of an emergency, you may not be able to get home or meet your family in the usual place. Predetermine three places your family can meet if your home is not accessible. The first place should be within walking distance of your home. If that is not accessible, list a second place a few miles from your home. If that is not accessible, list a third (Friend or relative) place 20-50 miles from home. Some meeting places may also be alternate places to stay. If not, list alternate places to stay in section 2.

1. CLOSE TO HOME Phone # \_\_\_\_\_

\_\_\_\_\_

2. IN THE AREA Phone # \_\_\_\_\_

\_\_\_\_\_

3. OUT OF TOWN Phone # \_\_\_\_\_

\_\_\_\_\_

In a wide area disaster agencies such as the American Red Cross can assist in locating your relatives.

## Section 3: Alternate Places to Stay:

1. CLOSE TO HOME Phone # \_\_\_\_\_

2. IN THE AREA Phone # \_\_\_\_\_

3. OUT OF TOWN Phone # \_\_\_\_\_

## Section 4: Special Instructions:

### Transportation Alternatives:

List two parties that can assist you and your family with transportation in the event your own transportation is not available or for children/relatives that do not drive.

### Name & Phone Numbers:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 5: Special Needs:

If you require special medication or food needs that are likely to become unavailable in an emergency, list alternatives or instructions for each applicable family member along with the need. If medications are required, keep a copy of the prescription(s) with this plan for emergency reference. See Also: Bug Out Plan for Evacuation Emergency Needs.

Family Member	Need	Source
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Medication(s):	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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Family Member	Need	Source
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Medication(s):	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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Family Member	Need	Source
---------------	------	--------

Medication(s):	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
--	-----------------------	---------------

	Name _____ Dose _____	Time(s) _____
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Family Member	Need	Source
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Medication(s):	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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	Name _____ Dose _____	Time(s) _____
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## Section 6: Evacuation Checklist:

Create a checklist of items (and locations) that the family will need when evacuated:

<input type="checkbox"/> Medications	Location _____
<input type="checkbox"/> _____	Location _____
<input type="checkbox"/> _____	Location _____
<input type="checkbox"/> _____	Location _____
<input type="checkbox"/> _____	Location _____
<input type="checkbox"/> _____	Location _____
<input type="checkbox"/> _____	Location _____
_____	_____
_____	_____
_____	_____

The list should include items such as medications, special foods, ID documents, insurance papers, and/or deeds.

Things to do to secure your residence when you evacuate:

- ☐ Turn off appliances
- ☐ Secure doors and windows
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

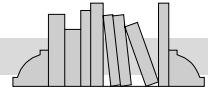
Final Items:

- ☐ Change phone message (or forward your home phone to your cell phone)
- ☐ Leave note with your destination, time of departure and method of travel.
- ☐ Arrange for Pets
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## Section 7: Emergency Cash:

_____
_____
_____
_____
_____

## Section 8: School Emergency:



Seek a copy of the school emergency plan including their evacuation, shelter in place, and site disaster plan as it relates to you obtaining information on students when you can't get to the school and when you need to pick up your family member or other students on behalf of other parents.

### A. Parent/Guardian Instructions for School Evacuations:

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### B. Parent/Guardian Instructions for School Site Disasters:

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### C. Parent/Guardian Instructions for Student Pick Up:

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### D. Criteria and Instructions for Non-Related Student Pick up:

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School Data: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

School Data: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

School Data: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

School Administrative Office # \_\_\_\_\_

Friends/Relatives designated to pick up your family members: (be sure they are registered with/authorized by the school)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_



## Section 9: Pet Emergency

If you are unable to get home to care for your pets: (Use neighbors, friends etc)

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If you are home and need to take your pets with you in an evacuation:

Place(s) to stay with pets: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate 1: \_\_\_\_\_ Phone # \_\_\_\_\_

Alternate 2: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Pet Vet Clinic: \_\_\_\_\_ Phone # \_\_\_\_\_

Local 24hr Emergency Pet Hospital \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Directions \_\_\_\_\_

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If no one is available to assist at home pets or you are unable to keep your pets with you, contact the local animal control office at: \_\_\_\_\_

## Section 10: Family Information Exchange:

**Suggestion:** Each family should copy (or digitally scan) critical documents such as ID, deeds, birth certificates, bank & finance records and home inventory lists.

This data should be placed in secure locations (or data-secure format) in your home and with copies at other family member homes.

The next pages contain a template that you can complete for each family member.

## Section 11: Emergency Supplies:

Basic In Home & Evacuation Disaster Supplies:

- ☐ Water (Gallon per day per person)
- ☐ Non-Perishable Foods
- ☐ Flashlight & Extra Batteries
- ☐ AM/FM/Weather Radio & Extra Batteries
- ☐ Change of Clothing & Closed Toe Shoes
- ☐ Blankets (one for each person)
- ☐ First Aid Kit
- ☐ Infant Supplies or Elderly Care Supplies
- ☐ Extra Keys (vehicle)
- ☐ Cash & Credit Card
- ☐ Family Photograph(s)
- ☐ Fire Extinguisher
- ☐ Items on Evacuations Checklist

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_